

*Integrated Performance
Monitoring Report
Sustainability Report
Performance Period January 2006-March 2006*

April 2006

STATE OF HAWAII
Department of Education
Department of Health
Child and Adolescent Mental Health Division
Early Intervention Section

Integrated Performance Monitoring Report

Department of Education

Department of Health

January 2006-March 2006

Introduction

This quarterly performance report reflects the continued commitment of the Departments of Health and Education to provide a comprehensive system of educational, behavioral and mental health supports and services to students who require those services to benefit from their educational opportunities. It provides information about the maintenance of the critical infrastructure and level of system performance for the third quarter of fiscal year 2006 (January 2006-March 2006). This report provides the most recent data available regarding services to youth with special needs in Hawaii.

The January 2006-March 2006 period marks the third quarter since the formal termination of federal court oversight of services for emotionally disabled students. The quarterly analysis and publication of trends regarding the population, services, and performance indicators is a key mechanism for tracking the provision and sustainability of service provision. It provides for recognition of system strengths, and early detection of signs of emerging issues.

Status of Key System Commitments

Over the past decade of service system development, key commitments have remained on the “front burner” because they represent the infrastructure and practices necessary for Hawaii to maintain an effective system of service delivery that reflects community values. These commitments are tracked and reported on in this report primarily through data presentation, including the tracking and interpretation of trends. Key findings for the reporting quarter are:

1. *The system will continue to hire and retain qualified teachers and other therapeutic personnel necessary to educate and serve children consistently.*

For this reporting period, the Department of Education allocated more than 2,091 special education teacher positions in the classrooms throughout the state. More than 89% of the positions were filled by qualified special education teachers. The Department maintains its continuous recruitment and hiring of qualified teachers to meet the ongoing needs for all schools and complexes across the State. The Department continues to deal with the challenge of filling all of the educational assistant positions needed in the classrooms. More than 85% of School-Based Behavioral Health services continue to be provided to students by employee-based personnel within the Department and the balance through contracted providers.

For CAMHD, review of the performance measures show that human resources, particularly hiring and retaining qualified mental health care coordinators, remains a challenge. Attention to this core infrastructure component is needed in order to assure stability to CAMHD's services. The length of time to fill positions in the Family Guidance Centers (FGCs) continues to impact the provision of case management, particularly in units on the Big Island, where emergency hires are being used to temporarily address the vacancies. Over half of the FGCs did not meet the performance goal for filled care coordinator positions. Similarly, the Central Administrative Office vacancies, did not meet its performance goal of 90% filled positions. As well, key clinical personnel vacancies continued in a number of the FGCs including two psychologist vacancies at the Family Court Liaison Branch (one vacant since July 2004, the other since January 2005), and Clinical Director vacancies in Kona (vacant since February 2005) and the Leeward FGC. Caseload averages statewide improved over last quarter, when three FGCs were over the expected range of 15-20 youth per full time care coordinator. The average caseload performance target was not met this quarter for Leeward Oahu, where caseloads were above the expected range. Central and Hawaii are at or nearing the upper end of the expected caseload for care coordinators in the FGCs.

2. *The system will continue to purchase the necessary services to provide for the treatment of children appropriate to the individual needs of the child.*

The number of students identified with Autism Spectrum Disorders (ASD) in the State has increased by more than 6.5% since last year. The Department of Education maintains 36 different contracts with private agencies to provide the following services: assessments, behavioral interventions, intensive services, psychiatric services, and intensive learning centers and schools. Also included are Community-Based Instruction Programs and ASD Programs and Services, on an as needed basis.

CAMHD awarded services through a request for proposals (RFP) for Comprehensive Behavioral Health Services for Children, Youth and Families in November. Services procured through the RFP will begin in July 2006. The Interagency Performance Standards and Practice Guidelines (IPSPG), which are a requirement for implementing services under the RFP, were updated in collaboration with the Department of Education and other stakeholder groups to reflect the state-of-the-art in best practices, evidence-based services, and most promising interventions for youth and families. The IPSPG is accessible on a link to the CAMHD website at <http://www.hawaii.gov/health/mental-health/camhd/news/index.html>.

3. *The system will monitor itself through a continuous quality management process.*

The Department of Education maintains an Information Management system (Integrated Information Management System-ISPED) to monitor and sustain high levels of system performance. Key system performance indicators for this quarter provided evidence of the system meeting the goals for timeliness, accessibility, and appropriateness of support and services.

Issues that the Department of Education continues to address are reducing the number of due process hearing requests and 100% acceptable internal monitoring reviews by all complexes.

CAMHD's Performance Management system monitors performance at all levels and using data to make decisions about adjustments to its program. Overall analysis of the data for the quarter suggests that, in general, CAMHD's functioning is roughly comparable to that of previous quarters. Vacancies continue to impact operations at a number of levels. Human resources, particularly hiring and retaining qualified mental health care coordinators will require attention to stabilize CAMHD's infrastructure. The total number of youth served increased slightly and the total size of the CAMHD population is larger than it was a year ago. Service utilization trends for Hospital continued to decrease in the quarter and for the same period last year. Community-based Residential service use increased slightly over last quarter, but decreased from the same period last year. Utilization of Therapeutic Foster Homes also continued the decrease seen last quarter, but increased over the same period last year.

The Interagency Quality Assurance system continued to be implemented statewide, with activities at the local and state levels. The Statewide QA Committee continued to make progress in implementing its initiatives designated at its annual retreat last summer. Key activities include the formulation of a memorandum of understanding regarding interagency quality assurance activities, definition of core QA data sets, monitoring of district-level QA practices, and a study of appropriateness of placement of youth in out-of-state treatment settings.

Internal Reviews conducted in the school complexes marked their fourth year of implementing an internally driven system for examining the performance of local service systems in providing services and supports for students with special needs. A total of 39 of the 41 complexes have completed internal or external reviews through the third quarter. Of the 17 complexes reviewed this quarter, 94% of the complexes achieved the desired goal for acceptable system performance. One complex, Hana, did not meet the performance target. System performance for the Hana Complex was acceptable for 67% of the youth reviewed, which was short of meeting the goal of 85%. Core system issues in the complex revolved around identification, address of focal concerns, unity of effort across agencies, adequate service intensity, and unsuccessful transitions. Fifteen of the seventeen complexes met the performance goal for child status. Both Hana and Kailua Complex did not meet the child status target with 83% and 79% respectively. Both complexes have developed action plans that target strategies designed to enhance communications and cross-training between the Department of Education and the FGC. Careful monitoring of the implementation of activities, and more focused review of the child and system findings in the Internal Review by the Complex Quality Assurance Committee will be needed.

Previous and current performance data for the Departments are available through Departmental websites: (<http://165.248.6.166/data/felix/index.htm> and <http://www.hawaii.gov/health/mental-health/camhd/index.html>).

4. *The system will ensure teachers, therapists, and other support staff continue their professional development and improve their skills and knowledge of effective educational and therapeutic methods and techniques.*

The Department of Education continued to conduct seminars and training for teachers in data collection and analysis, classroom management, and the referral process. Online courses continued to be offered statewide for teachers in a variety of subject areas to improve classroom instruction. Technical assistance by resource teachers were conducted with follow up observation and visits with special education and regular education teachers. Training for educational assistants continued to be offered this quarter to meet the requirements of the “No Child Left Behind” Act. As of March 2006, 423 (99.8%) of the 424 new teachers hired were trained on reading strategies for special needs students.

CAMHD’s Practice Development section continued to provide several on-going training programs this quarter. Work on CAMHD’s grant-funded initiative to minimize the use of seclusion and restraint in residential treatment facilities continued. CAMHD also worked on adding well-established “packaged” evidence-based treatment programs to our service array and to maintain such programs with integrity.

Report Format

Following this brief introductory overview, the report format is as follows. The second section report describes the schedule of the Integrated Monitoring to be conducted by the DOE and DOH during the upcoming year. Complexes and Family Guidance Centers conduct this evaluation of system performance through aggregated data and results of case-based reviews. Community members also participate in the reviews that continue to provide information for local service delivery improvements. Future reports written for public consumption will combine information on Internal Reviews and the Statewide Quality Assurance system into a new section titled Integrated Accountability System.

The third section presents information specific to the DOE. This section has two major sections: Infrastructure and Performance.

The fourth and fifth sections contains information specific to the Department of Health (DOH). Within this section are reports from Child and Adolescent Mental Health Division and Early Intervention Services.

Within each of the sections, primarily in the summary, the Departments include their specific commitments to address issues that are identified. For issues related to Integrated Performance Monitoring, both Departments make the improvement commitments jointly.